

# Spotlight

## BENEFITS & WELLNESS NEWSLETTER

February 2012

Includes Open Enrollment Info

*Produced by the Franklin County Benefits and Risk Management Department for members of the Franklin County Cooperative Health Benefits Program*

### Message from the Franklin County Commissioners on Patient-Centered Medical Homes in Central Ohio

A Patient-Centered Medical Home (PCMH) is a team-based model of care led by a personal physician who provides coordinated care – both preventive services and treatment of acute and chronic illness – throughout a patient's lifetime. It is a model of practice in which a team of health professionals, coordinated by a personal physician, works together to provide high levels of care, access and communication. We expect to see more and more Central Ohio primary care practices becoming Patient-Centered Medical Homes.

There are **five core principles** of a Patient-Centered Medical Home.

#### FIRST CORE PRINCIPLE:

#### **A medical home assures superb access to care.**

While all five cornerstones of the medical home are equally important, shorter wait times for urgent needs and enhanced office hours resonate louder with patients than any other. Patient access to providers is key to the medical home model, as evidenced by evening and Saturday access and use of alternative methods of communication such as email.

- Increase access to care and time with/for patients
- More effective and efficient care delivery

*"...shorter wait times for urgent needs and enhanced office hours resonate louder with patients than any other."*

**Open Enrollment** will be held for **two weeks**: Wednesday, February 22, 2012, through Tuesday, March 6, 2012.

*Details: Page 4*

**Benefits remain the same.** Medical, Prescription Drug, Behavioral Health Dental, Vision, Life and EAP

*Details: Pages 6-11*

**Employee contributions** are increasing for the majority of employees, effective April 1, 2012.

*Details: Page 12*

Documents proving eligibility are required for **ANY dependent** added to the Plan during Open Enrollment. No later than **March 6, 2012!**

*Details: Page 4*

Effective April 1, 2012, the cost of **Young Adult Dependent (YAD)** coverage decreases.

*Details: Page 18*

The **imputed income** for domestic partner coverage increases effective April 1, 2012,

*Details: Page 13*

**Supplemental life premium** increases due to aging into the next age bracket, are effective April 1, 2012.

*Details Page: 11*

2012 OPEN ENROLLMENT INFO



## PATIENT-CENTERED MEDICAL HOME

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#### SECOND CORE PRINCIPLE:

**A medical home is patient-centered.** The patient is recognized as the most important member of the care team. They and their families are fully informed and engaged and work in partnership with the medical home care team to establish a care plan. Influences such as values, personal preference and ability are balanced with overall patient needs. *The patient is viewed as more than their illness.*

- Improve patient engagement in their own health management
- Move beyond episodic visits (treating the patient when health issues arise) to manage the patient holistically (keeping patient from developing health issues)
- Increase focus on wellness education and screenings

*"Influences such as values, personal preference and ability are balanced with overall patient needs."*

#### THIRD CORE PRINCIPLE:

**A medical home provides comprehensive care.** The care team is accountable for meeting the majority of each patient's health care needs, including *prevention and wellness, acute and chronic care and end of life issues*. Services may be provided directly by the medical home or in coordination with providers in the community - specialists, advanced practice nurses, pharmacists, nutritionists, social workers, educators and care coordinators, etc.

- Maintaining the patient's total health care picture
- Proactively reach out to patients experiencing gaps in care or at risk
- Improve health outcomes by performing necessary screenings based on evidence-based guidelines

#### FOURTH CORE PRINCIPLE:

**A medical home coordinates care.** Building clear and open communication among patients and families, the medical home and other healthcare providers across the broader health care system, is key. Specialty care, hospitals, home health

*"Specialty care, hospitals, home health care, community services, etc. become part of the medical care team."*

## American Diabetes Association Alert Day®

The American Diabetes Association Alert Day® will be observed Tuesday, March 27, 2012. It is a one-day, “wake-up call” asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes. The new Diabetes Risk Test asks users to answer simple questions about weight, age, family history and other potential risks for prediabetes or type 2 diabetes.

**ARE YOU AT RISK FOR TYPE 2 DIABETES?** American Diabetes Association.

**Diabetes Risk Test**

- How old are you?  
Less than 40 years (0 points)  
40–49 years (1 point)  
50–59 years (2 points)  
60 years or older (3 points)
- Are you a man or a woman?  
Man (1 point) Woman (0 points)
- If you are a woman, have you ever been diagnosed with gestational diabetes?  
Yes (1 point) No (0 points)
- Do you have a mother...

Write your score in the box.

Height	Weight (lbs.)	
4' 10"	119-142	143-190
4' 11"	124-147	148-197
5' 0"	128-152	153-203
5' 1"	132-157	158-210
5' 2"	136-163	164-217
5' 3"	141-168	169-224
5' 4"	145-173	174-231
5' 5"	150-179	180-239
5' 6"	155-185	186-246

### Diabetes by the Numbers

- Diabetes strikes nearly 26 million children and adults in the US.
- **A quarter of people with diabetes - 7 million - do not even know they have it!**
- An additional 79 million have prediabetes, which puts them at high risk for developing type 2 diabetes.
- If left unchecked, as many as one in three American adults will have diabetes in 2050.

Diagnosis often comes 7 to 10 years after the onset of the disease, after disabling and even deadly complications have had time to develop. Therefore, early diagnosis is critical to successful treatment and delaying or preventing some of its complications such as heart disease, blindness, kidney disease, stroke, amputation and death.

**If you scored 5 or higher:**  
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

**For more information, visit us at [www.diabetes.org](http://www.diabetes.org) or call 1-800-DIABETES**

Visit us on Facebook  
[Facebook.com/AmericanDiabetesAssociation](https://www.facebook.com/AmericanDiabetesAssociation)

**Lower Your Risk**  
The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life.  
If you are at high risk, your first step is to see your doctor to see if additional testing is needed.  
Visit [diabetes.org](http://diabetes.org) or call 1-800-DIABETES for information, tips on getting started, and help lower your risk.

**STOP DIABETES**

### Take Charge of Your Health

Studies have shown that type 2 diabetes can often be prevented or delayed by losing just 7% of body weight (such as 15 pounds if you weigh 200), through regular physical activity (30 minutes a day, five days a week) and healthy eating. By understanding your risk, you can take the necessary steps to help prevent the onset of type 2 diabetes.

## 2012 OPEN ENROLLMENT

Open Enrollment is your opportunity to make health and life benefit elections for the coming year.

- **Open Enrollment will be held Wednesday, February 22, 2012, through Tuesday, March 6, 2012.**

Any change made during Open Enrollment will become effective April 1, 2012.

- **Your 2012 Open Enrollment is NOT mandatory.**

Current benefit elections will 'rollover' to the new plan year if you do nothing.

- **The Enrollment ID Number is 52097.**

All Open Enrollment changes will be made online at [www.eelect.com](http://www.eelect.com). To log on, you will need the Enrollment ID Number, your social security number and your PIN. Your PIN is the two digits of the month of your birth and the last two digits of the year of your birth.

Prior to the start of Open Enrollment, an Enrollment Worksheet will be mailed to your home with 'how to' instructions for accessing the [www.eelect.com](http://www.eelect.com) system. A Confirmation Statement illustrating your benefit elections will be mailed to your home upon the close of Open Enrollment.

- **Enrollment of any dependent added during Open Enrollment will be pended for approval by the Benefits Office.**

You must supply the Benefits Office with appropriate documentation for any dependent added during Open Enrollment. A list of acceptable documents is provided during your enrollment session at [www.eelect.com](http://www.eelect.com) or is available in the Benefits Office. **NOTE:** Documentation must be supplied no later than March 6, 2012.

- **If you do not have access to a computer or the internet, a computer station will be available in the Benefits Office.**

The Benefits Office is located on the 25th floor of the Franklin County Courthouse and is staffed Monday through Friday, 8am to 5pm. The telephone number is 614-525-5750 (local) or 1-800-397-5884 (toll-free). Pickaway County employees, please contact your Human Resource representative.



## NEW PLAN YEAR - NEW ENROLLMENT ID NUMBER

### LIFE EVENTS DURING AND AFTER OPEN ENROLLMENT

If you experience a Life Event (marriage, birth, divorce, adoption, etc.) during or after Open Enrollment that requires a change in your benefits enrollment, you may need to make the change in both the 2011 (35310) and 2012 (52097) enrollment databases. Please use the chart below as a guide and do not hesitate to contact the Benefits Office with questions.

Event	Date of Event	Effective Date of Change	Use the following Enrollment ID Number(s)
Birth, Adoption, Divorce	February 2012 March 2012	Actual date of event	Make the change under both 35310 and 52097 enrollment id numbers
Marriage	February 2012	3/01/2012	Make the change under both 35310
Marriage	March 2012	4/01/2012	52097

Go to the [www.eelect.com](http://www.eelect.com) enrollment system - use the appropriate Enrollment ID Number - and make the necessary changes. Submit documentation of the event (official birth or marriage certificate, divorce papers, etc.) to the Benefits Office as soon as possible (no later than 30 days from the event).

### IMPACT OF A NEW PLAN YEAR ON BENEFITS

A new plan year will begin April 1, 2012, and run through March 31, 2013. Any benefit that is a 'per plan year' or 'annual' benefit is impacted by the ending of one plan year and the beginning of the next. That includes but is not limited to:

#### Any benefit subject to the annual deductible

- All deductibles (medical, dental and behavioral health) start over at the beginning of a new plan year. There is no 'rollover', i.e. no part of the deductible rolls over from one year to the next.

#### Physical, Occupational, Speech, Cardiac and Pulmonary rehabilitation and Chiropractic services

- Your 25 visit 'per plan year' maximum for each of these benefits is 'reset' effective April 1st. Unused visits do not roll over from one year to the next.

**QUIZ:** My plan year runs from \_\_\_\_\_ to \_\_\_\_\_, so my benefits 'reset' effective \_\_\_\_\_.

- ☐ January to December, January 1st
- ☐ March to February, February 1st
- ☐ April to March, April 1st

**ANSWER:** April to March, April 1st





## SUMMARY OF MEDICAL BENEFITS

	IN-NETWORK	OUT-OF- NETWORK
MEDICAL PLAN		
<b>Office Visit Copay</b>		
- Preventive Care	\$0	
- Non-Preventive Care	\$20	
- Premium Designated Specialist	\$20	
- Non-Premium Designated Specialist	\$40	
<b>Therapies and Chiropractic</b>	\$20	
- Limited to 25 visits per plan year		
<b>Urgent Care</b>	\$25	
<b>Emergency Room</b>	\$150	
<b>Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc.</b>	<b>Annual Deductible</b>	<b>Annual Deductible</b>
- Deductible	\$200 Individual	\$400 Individual
- Coinsurance	\$500 Family	\$1,000 Family
- Out-of-Pocket Maximum	<b>Coinsurance</b>	<b>Coinsurance</b>
	You pay 0%.	You pay 20%.
	Plan pays 100%.	Plan pays 80%.
	<b>Annual Out-of-pocket Max</b>	<b>Annual Out-of-pocket Max</b>
	\$600 Individual	\$1,200 Individual
	\$1,500 Family	\$3,000 Family

### KAISER STATS

#### COST SHARING

31% of covered workers are in plans with a deductible of \$1,000 or more for single coverage

- Average single deductible: \$621
- Average family deductible: \$1,121

**YOUR DEDUCTIBLE** for single coverage is \$200. **YOUR DEDUCTIBLE** for family coverage is \$500.

Roughly 84% of covered workers are enrolled in plans that cover **primary care office visits prior to meeting the annual deductible**. In addition to primary care, **YOUR PLAN** also covers the following services prior to meeting the deductible:

- Specialist care
- Minor diagnostic/therapeutic services
- Physician office surgical procedures
- Physical/Occupational/Speech, Cardiac and Pulmonary rehabilitation therapy
- Chiropractic services
- Urgent care services
- Emergency care services

### KAISER FAMILY FOUNDATION ANNUAL SURVEY

The Franklin County Cooperative participates in the Kaiser Family Foundation's annual survey of employer health plans. The results of the survey provide information on employer health plans across the nation.

Throughout the next several pages, some of the statistics from the survey are noted. Please take some time to read this information to gain a greater appreciation for the benefit plan provided by the County.

**QUIZ:** How much will your employer pay into the health fund this year for your benefits?

- ☐ \$5,000 - \$8,000
- ☐ \$8,001 - \$12,000
- ☐ \$12,001 - \$15,000

#### OFFICE VISIT COPAY

60% of covered workers have a primary care office visit copay of \$20-\$30.

- 20% have higher
- 20% have lower

**YOUR OFFICE VISIT COPAY** for primary care is \$20.

60% of covered workers have a specialist office visit copay higher than \$20-\$30.

- 32% have a copay of \$20-\$30.
- 8% have lower.

**YOUR OFFICE VISIT COPAY** for a specialist is \$20. (\$40 if not a premium designated provider)

## SUMMARY OF PRESCRIPTION DRUG BENEFITS

	RETAIL	MAIL ORDER
PRESCRIPTION DRUG PLAN		
<b>Non-Specialty Medications</b>		
Generic (G) Copay	\$5	\$12.50
Preferred Brand (PB) Copay	\$25	\$62.50
Non-Preferred Brand (NPB) Copay	\$50	\$125
<b>Proton Pump Inhibitors</b>		
Tier 1 includes two generics (omeprazole and pantoprazole) and all over the counter PPIs. Tier 2 includes Nexium and lansoprazole. Tier 3 includes all other brand PPIs.	Tier 1: \$5 Tier 2: \$50 Tier 3: \$75	Tier 1: \$12.50 Tier 2: \$125 Tier 3: \$187.50
<b>Specialty Medications</b>		
Generic (G) Copay	\$5	\$12.50
Preferred Brand (PB) Copay	\$25	\$62.50
Non-Preferred Brand (NPB) Copay	10% up to \$150 per prescription	10% up to \$300 per prescription
<b>Injectible Insulin</b>	Covered 100%	Covered 100%
<b>Diabetic supplies</b>	<b>Pharmacy plan:</b> Covered 100%	<b>Pharmacy plan:</b> Covered 100%
- Lancets, syringes, test strips, etc.	<b>Medical plan:</b> 100% after annual deductible	<b>Medical plan:</b> 100% after annual deductible

### KAISER STATS

#### COST SHARING TIERS

77% of covered workers are enrolled in plans with three, four or more tiers of cost sharing. **YOUR PLAN** has multiple tiers.

Most covered workers pay a flat copay for prescription drugs.

According to the survey:

- The average generic copay is \$10.

**YOUR** copay is \$5.

- The average preferred brand copay is \$29.

**YOUR** copay is \$25.

- The average non-preferred brand copay is \$49.

**YOUR** copay is \$50.

- The average specialty copay is \$91.

**YOUR PLAN** covers most specialty medications at a \$25 copay.



**QUIZ:** Will you pay less for diabetic supplies under the medical plan or the pharmacy plan?

- ☐ Medical plan  
☐ Pharmacy plan

Diabetic supplies - lancets, syringes, test strips, etc. - are subject to the \$200 annual deductible under the medical plan. **Diabetic supplies are covered 100% without a copay under the pharmacy plan.**

**ANSWER:** Pharmacy plan



## SUMMARY OF BEHAVIORAL HEALTH BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
<b>BEHAVIORAL HEALTH PLAN</b>		
<b>Outpatient Copay</b> - First 30 visits - 31st visit +	\$0 \$20	<b>Annual Deductible</b> \$400 Individual \$1,000 Family <b>Coinsurance</b> You pay 20%. Plan pays 80%. <b>Annual Out-of-pocket Max</b> \$1,200 Individual \$3,000 Family
<b>Inpatient Hospitalization for Mental Health or Substance Abuse treatment</b>	No Deductible No Coinsurance Plan pays 100%.	
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>		
- 8 visits	No copay	N/A

Employee Assistance Program (EAP) and behavioral health benefits are administered by the same company - United Behavioral Health (UBH) - but they are two very distinct programs.

Both programs provide counseling resources when faced with life challenges, however, the EAP offers additional benefits not available through behavioral health, including:

- Legal consultation from a licensed attorney
- Marriage counseling
- Mediation services
- Financial counseling from a credentialed financial professional

*"EAP and behavioral health benefits are administered by the same company ... but they are two very distinct programs."*

**QUIZ:** What is the most important bit of information to know about your EAP and behavioral health benefits?

- ☐ UBH telephone number: 1.800.354.3950
- ☐ UBH website: [www.liveandworkwell.com](http://www.liveandworkwell.com)
- ☐ UBH services are 100% confidential.
- ☐ All of the above

### DENTAL DEFINITIONS

**Preferred Provider Organization (PPO)** - a program where dental care may be provided by 'preferred dentists' but allows coverage at 'non-preferred dentists' as well. Preferred providers have agreed to accept discounted fees.

**Dental Maintenance Organization (DMO)** - a program where dental care must be provided by designated providers for a fixed fee.

**Diagnostic** - procedures performed by a dentist to evaluate the condition of teeth or mouth. May include prophylaxis (cleaning), x-rays, etc.

**Preventive** - procedures concerned with the prevention of dental disease by protective and educational measures. May include exams, cleanings, x-rays, fluoride, etc.

**Basic** - dental procedures to repair or restore individual teeth due to decay, impaired function, erosion, etc. Typically includes fillings, planing, extractions, etc.

**Major Restorative** - procedures concerned with the restoration of teeth using inlays, onlays, crowns or veneers, root canals and tissue/bone treatment.

**Orthodontics** - dentistry that deals with the diagnosis of misaligned teeth. Involving the straightening or moving of teeth/jaw with braces and/or surgery.

**Annual/Lifetime Maximum** - maximum amount paid by the dental plan in a plan year/in a lifetime.

ANSWER: All of the above



## SUMMARY OF DENTAL BENEFITS

	PPO		DMO COVERAGE ONLY FOR NETWORK PROVIDERS
	NETWORK	OUT-OF-NETWORK	
<b>DENTAL PPO PLAN</b>			<b>DMO PLAN</b>
<b>Annual Deductible</b>	None	\$25 per person	None
<b>Coinsurance</b>			
The plan pays:			100%
- Diagnostic	100%	90%	Fixed copay
- Preventive	100%	90%	Fixed copay
- Basic	80%	70%	Fixed copay
- Major Restorative	80%	60%	Based on fixed copays
<b>Annual Maximum Benefit</b>	\$1,100	\$1,000	
<b>Orthodontia</b>			
<b>Coinsurance</b>	Children under 19 only	Children Under 19 only	Fixed copays
The plan pays:	75%	75%	Based on fixed copays
<b>Lifetime Maximum Benefit</b>	\$1,500	\$1,400	

## SUMMARY OF VISION BENEFITS

	NETWORK	OUT-OF-NETWORK
<b>VISION</b>		
<b>Exam</b> (every 12 months)	\$10	Reimbursed up to \$40
<b>Lenses</b> (every 12 months)	\$20	Reimbursed up to \$50-\$70
<b>Frames</b> (every 24 months)	\$130 allowance (retail) \$50 allowance (wholesale)	Reimbursed up to \$30
<b>Frames for children &lt; age 12</b> (every 12 months)	\$130 allowance (retail) \$50 allowance (wholesale)	Reimbursed up to \$30
<b>Contact Lenses</b> (every 12 month in lieu of glasses)	\$105 allowance	Reimbursed up to \$80

For a more in-depth explanation of your benefits, please visit or call the Benefits Office, located on the 25th floor of the Franklin County Courthouse. The Benefits Office is staffed Monday through Friday, 8am to 5pm. The telephone number is 614-525-5750 (local) or 1-800-397-5884 (toll-free).

## BASIC LIFE and AD&D INSURANCE (Applies to Franklin, Fairfield and Pickaway County employees)

Basic Life and Accidental Death & Dismemberment (AD&D) insurance is provided to all benefits eligible employees. These benefits are provided at no cost to you.

Basic Life pays upon death due to illness or injury. AD&D doubles the death benefit if death is due to an accident or pays a partial benefit for injuries sustained as a result of an accident.

See below for additional life insurance benefits.

**IMPORTANT NOTE:** Beneficiary information is recorded in the online enrollment system. Beneficiary designations should be reviewed and updated periodically.

### BASIC LIFE INSURANCE COVERAGE AMOUNTS

\$125,000	Class 1: Fairfield County BDD Superintendent
1x annual salary	Class 2: Fairfield County BDD Management
\$21,000	Class 3: Fairfield County BDD Non-Management
\$100,000	Class 4: FCCS Executive Director
\$50,000	Class 5: Franklin County Employees
1x annual salary	Class 6: Fairfield County Employees
\$30,000	Class 7: Pickaway County Human Services Dept
\$25,000	Class 8: Pickaway County, excluding Class 7

### ADDITIONAL LIFE INSURANCE BENEFITS

**Line of Duty:** Pays an additional benefit when an eligible public safety officer suffers a loss for which AD&D insurance benefits are payable and it is the result of a line of duty accident. Covers sheriff, deputies, correction and judicial officers.

**MEDEX Travel Assist:** Offers assistance when traveling with pre-trip planning, locating medical care abroad, interpretation services, emergency ticket, passport replacement and missing baggage assistance, legal assistance, emergency evacuation, etc.

**Occupational Assault:** Pays an additional benefit when an employee, while actively at work, suffers a loss as a result of an act of physical violence punishable by law.

**Public Transportation:** Pays an additional benefit when an employee dies while riding as a fare-paying passenger on public transportation.

**Seat Belt:** Pays an additional benefit if an employee, while properly wearing a seat belt, dies as a result of a car accident.

**Career Adjustment/Higher Education/Child Care:** Pays an additional benefit for training, higher education and child care expenses, upon accidental death of the employee.

**Accelerated Death:** Pays the member a percent of life insurance benefit, while living, when diagnosed with terminal illness.

**Portability/Conversion:** Upon termination of employment or loss of eligibility, allows the member to 'take the coverage with them'. Restrictions apply and a request must be made within 31 days of coverage termination. Contact Standard at 1-800-378-4668, ext. 6785 for more information.

## SUPPLEMENTAL LIFE OPTIONS AND RATES (Applies to Franklin and Fairfield County employees)

Supplemental Life can provide additional amounts of life insurance for employees and coverage for spouses, domestic partners and dependent children. Supplemental Life pays upon death due to illness or injury. There is no AD&D benefit attached to Supplemental Life. You pay the full cost for this benefit.

### Coverage Options

Employee:	Up to \$300,000
Spouse/Domestic Partner:	Up to \$150,000
Dependent Children:	\$5,000 or \$10,000

### IF YOU ARE NOT CURRENTLY ENROLLED

If you did not enroll in the supplemental life program previously, you may do so during Open Enrollment. All coverage requests must be approved by Standard.

### IF YOU ARE CURRENTLY ENROLLED

If you are currently enrolled in the supplemental life program and wish to increase or decrease your coverage, you may do so during Open Enrollment. All coverage increases over \$10,000 must be approved by Standard. Decreases in coverage do not require approval. Do nothing if you want to continue your current coverage amount.

### \$10,000 BUMP

You may increase your supplemental life coverage, as well as the coverage of your spouse or domestic partner, by \$10,000 without obtaining approval from Standard. If you request an increase greater than \$10,000, the first \$10,000 will

be given to you without approval and any amount requested over the first \$10,000 must be approved.

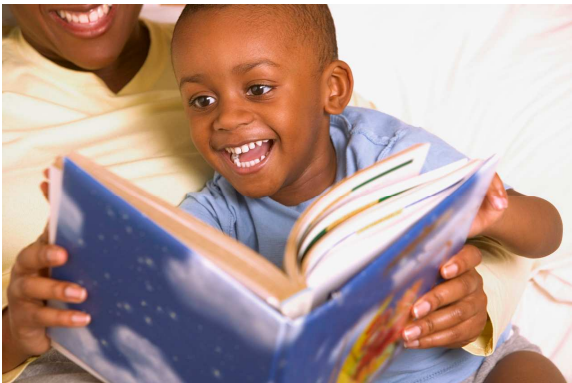
For example, if you request an increase of \$50,000, the first \$10,000 will be given to you without approval. Standard must approve the remaining \$40,000.

### WE'RE ALL GETTING OLDER

If you or your spouse or domestic partner age into the next higher age bracket, your rates will increase effective April 1, 2012.

### 2012 Supplemental Life Rates

Employee and Spouse or Domestic Partner	
\$10,000 increments	
Age as of April 1, 2012	Monthly Rate per \$10,000
<25	\$0.50
25-29	\$0.54
30-34	\$0.54
35-39	\$0.54
40-44	\$1.00
45-49	\$1.50
50-54	\$2.30
55-59	\$4.30
60-64	\$6.60
65-69	\$10.34
70-74	\$20.60
75+	\$20.60
Dependent Child(ren)	
\$5,000 increments	
\$.13 per \$1,000 of coverage	
\$5,000 = \$.65	\$10,000 = \$1.30



2012 OPEN ENROLLMENT INFO

## EMPLOYEE CONTRIBUTIONS - FRANKLIN COUNTY

Pickaway County employees contact your Human Resource Office

Effective April 1, 2012, employee contributions will be changing for most employees covered by the Franklin County Cooperative Health Benefits Program. Illustrated below are the employee contributions for Franklin County agencies and bargaining units.

**STANDARD EMPLOYEE CONTRIBUTION:** Coverage without a spouse - \$95 per month  
Coverage with a spouse - \$195 a month

- **ADAMH** Board of Franklin County
- Columbus and Franklin County **Metropolitan Park District**
- Franklin County **Auditor**
- Franklin County **Board of Commissioners**
- Franklin County **Board of Elections**
- Franklin County **Board of Health**
- Franklin County **Child Support** Enforcement Agency
- Franklin County **Children Services**  
Bargaining and Non-bargaining
- Franklin County **Clerk of Courts**  
Bargaining and Non-bargaining
- Franklin County **Community Based Correctional Facility**
- Franklin County **Coroner**  
Bargaining and Non-bargaining
- Franklin County Court of **Common Pleas - General** Division
- Franklin County **Data Center**
- Franklin County Department of **Animal Control**
- Franklin County Department of **Public Facilities Management**
- Franklin County **Economic Development & Planning** Department
- Franklin County **Emergency Management** and Homeland Security
- Franklin County **Engineer**  
Bargaining and Non-bargaining
- Franklin County **Fleet Management** Department
- Franklin County **Human Resources**
- Franklin County **Job & Family Services**  
Bargaining and Non-bargaining
- Franklin County **Law Library**
- Franklin County Office of **Homeland Security & Justice** Programs
- Franklin County **Office on Aging**
- Franklin County **Probate** Court
- Franklin County **Prosecutor**
- Franklin County **Public Defender**
- Franklin County **Purchasing** Department
- Franklin County **Recorder**
- Franklin County **Sanitary Engineer**
- Franklin County **Sheriff's** Office  
Fraternal Order of Police/Capital City Lodge No 9 and Fraternal Order of Police/Ohio Labor Council/Unit 2/Patrol Communications Technicians included
- Franklin County **Treasurer**
- Franklin County **Veterans Service** Commission  
Bargaining and Non-bargaining
- Tenth District **Court of Appeals** for the State of Ohio

If your agency or bargaining unit was not listed above, please contact your agency Human Resource personnel for employee contributions. This includes but may not be limited to the following agencies and bargaining units:

- **AFSCME** Ohio Council 8/AFL-CIO/**Local 2049**
- Franklin County Court of **Common Pleas - Domestic** Division and **Juvenile** Branch
- Franklin County **Veterans Memorial**
- Franklin **Soil and Water** Conservation District
- Fraternal Order of Police/Ohio Labor Council/**PFM**
- Fraternal Order of Police/Ohio Labor Council/**Unit 3/Nurses, IT Staff, Social Workers & Chaplain**
- **Mid-Ohio Regional Planning** Commission
- **Solid Waste Authority** of Central Ohio
- **Teamsters Local 413**/Unit 1/Civilians
- **Teamsters** Union, **Local 284**
- The Greater Columbus **Convention Center**

## DOMESTIC PARTNER RATES AND TAXES - FRANKLIN COUNTY ONLY

The imputed income for domestic partner coverage is increasing effective April 1, 2012. The imputed income is the value of the domestic partner benefit and the employee must pay taxes on the value as if it were income.

The imputed income for employees paying the 'standard' monthly employee contribution - which is most Franklin County employees - will be **\$710.65** per month, effective April 1, 2012.

COVERAGE	'STANDARD' MONTHLY EE CONTRIBUTION			VALUE OF DP BENEFIT
Employee plus Domestic Partner w/ or w/o child(ren)	\$95 Pre-tax	\$100 Post-tax	\$195 Total	\$710.65

For employees not paying the standard monthly employee contribution, please contact the Benefits Office for the monthly imputed income amount or go to the Benefits page of the Franklin County Portal and access the Domestic Partner 2012 Monthly Contribution Rates and Imputed Income document.

Please consider these additional taxes when determining whether or not to enroll a domestic partner. It is advisable to discuss with your tax consultant. **If you enroll a domestic partner and later determine the imputed income taxes are too high, you will not be able to terminate coverage for your domestic partner until the next Open Enrollment.**

### Franklin County Benefits and Risk Management Department

Franklin County Courthouse  
373 S. High Street, 25th Floor  
Columbus, OH 43215  
614-525-5750  
1-800-397-5884

hrbenefits@franklincountyohio.gov  
Hours: M-F, 8am - 5pm

### Fairfield County Benefits Office

239 West Main Street  
Lancaster, OH 43130  
740-652-7893  
Hours: M-F, 8am - 5pm

### Pickaway County Benefits Office

Contact the Franklin County Benefits Office.



## PATIENT-CENTERED MEDICAL HOME

care, community services, etc. become part of the medical care team. This is critical during transitions between sites of care, i.e. from an inpatient hospitalization to a rehabilitation facility or home with home health care. Successful coordination substantially reduces hospital readmissions.

- Simplify health care experience and improve continuity of care
- Help patient navigate the health care system to get safe and timely care
- Ensure a team-based approach to patient care management

### PATIENT-CENTERED MEDICAL HOME

**A continuous relationship with a personal physician  
coordinating care for both wellness and illness**

#### Practice-Based Care Team

Shared mission and vision  
Provider leadership  
Nurse Practitioner/Physician Assistant

#### Access to Care

Same-day appointments  
After-hours access coverage

#### Care Management

Wellness promotion  
Disease prevention  
Chronic disease management  
Effective communication  
Patient participation



#### Care Coordination

Care transition  
Collaborative relationships  
Emergency room  
Hospital care  
Behavioral health care  
Maternity care  
Specialist care  
Pharmacy  
Physical therapy  
Case management

#### Practice-Based Services

Comprehensive care for both  
acute and chronic conditions  
Prevention screening and services

#### Quality and Safety

Evidence-based best practices  
Patient satisfaction feedback  
Clinical outcomes review

#### Health Information Technology

Electronic medical record  
Electronic orders and reporting  
Electronic prescribing  
Evidence-based decision support



## PATIENT-CENTERED MEDICAL HOME

### FIFTH CORE PRINCIPLE:

**A medical home employs a systems-based approach to quality and safety.** The medical home upholds a commitment to quality and quality improvement by following evidence-based medicine (practices that have been proven successful). Measurement of provider performance, patient satisfaction and quality and safety data are heavily relied upon in determining the success of the medical home.

- More rigorous approach for gathering patient and provider satisfaction
- Use agreed-to evidenced-based guidelines and practice standards to monitor and manage care
- Improve quality of reporting and patient safety

Access HealthColumbus, a local non-profit, public-private partnership working to improve access to patient-centered health care, and United Healthcare, your medical benefits administrator, are at the forefront of the effort to develop and expand Patient-Centered Medical Home physician practices in Central Ohio. The Franklin County Board of Commissioners have agreed to implement the PCMH model through United Healthcare as a voluntary option in the employee benefit plans provided through the Franklin County Cooperative Health Benefits Program.

*“Access HealthColumbus ... and United Healthcare ...are at the forefront of the effort to develop and expand [PCMH] physician practices in Central Ohio.”*

### Patient-Centered Medical Homes in Central Ohio

There are 27 physician practices in Central Ohio that have received the Patient-Centered Medical Home designation. Those currently in the United Healthcare network are listed below. Additional provider practices are in the process of receiving PCMH designation and joining the United Healthcare network.

#### American Health Network

Hilliard, OH  
614-876-9558

#### Central Ohio Primary Care Physicians - Central Ohio Medicine

Columbus, OH  
614-442-7550

#### Lower Lights Christian Health Center

Columbus, OH  
614-274-1455

#### OSU Family Practice at Gahanna

Carepoint at Gahanna  
Gahanna, OH  
614-293-2614

#### OSU Thomas E. Rardin Family Practice Center

Columbus, OH  
614-293-2700

#### OSU Family Practice at University Hospital East

Columbus, OH  
614-257-3560

#### OSU Internal Medicine at Morehouse

Columbus, OH  
614-293-8054

#### Village Family Medicine

Columbus, OH  
614-299-5838

#### OSU Family Practice at Upper Arlington

Columbus, OH  
614-293-7417

#### OSU CarePoint Lewis Center Primary Care

Lewis Center, OH  
614-688-7150

#### OSU Internal Medicine and Pediatrics Grandview

Grandview, OH  
614-293-7901

#### OSU Internal Medicine at Stonebridge/Dublin

Dublin, OH  
614-293-0079

#### Central Ohio Primary Care Physicians - Northwest Family Physicians

Columbus, OH  
614-457-4806

#### Central Ohio Primary Care Physicians - Marysville Primary Care

Marysville, OH  
937-644-1441

## PHARMACY NEWS AND INFORMATION

### URAC ACCREDITATION

Express Scripts (your pharmacy benefit manager and Mail Order pharmacy) and CuraScript (Express Scripts' specialty medication pharmacy) successfully earned re-accreditation from URAC. The intensive re-accreditation process lasted more than a year and included several new and updated requirements.

#### What Is URAC?

URAC is an independent, non-profit organization that promotes healthcare quality through its accreditation and certification programs.

#### Why Is Accreditation Important?

Accreditation provides an external "seal of approval" signifying Express Scripts' practices comply with high standards for quality and clinical integrity.

Express Scripts submitted documentation to demonstrate compliance with nearly 700 accreditation elements relating to mail service and specialty pharmacy.

In addition, URAC reviewers visited 11 Express Scripts sites to audit processes and interview staff, including the facilities which service Franklin County Cooperative members!



### SELECT HOME DELIVERY

Select Home Delivery asks you to consider using mail order for your maintenance medications. **You are not required to use mail order** ... we just want to make sure you are aware of the benefits of using mail order.

#### Why consider mail order?

- It is convenient.
- Your copays are less at mail order.
- The plan saves when you use mail order.
- Studies have shown that patients who use mail order, are more likely to take their medications as prescribed by their physician.

Express Scripts makes it easy for you to use mail order. They will contact your doctor and request a 90 day prescription, set up your billing options and even remind you when you are ready for a refill.

#### Wasn't I given this opportunity last year?

Yes! Circumstances change. Prescriptions we take change. And mail order may be right for you now when it wasn't last year. So you are being asked again this year to consider mail order.

**IMPORTANT:** If you receive the letter illustrated on the next page, you **MUST** call Express Scripts and tell them a) you are ready to switch to mail order; or b) you would like to continue receiving your medications at retail. Similar to last year, coverage for your medications may be interrupted if you do not contact Express Scripts and let them know of your decision.

Contact the Express Scripts customer service or the Benefits Office with questions.

**SELECT HOME DELIVERY:** READ THIS! If you are getting a maintenance medication at a local retail pharmacy.

**Are you taking a maintenance medication?** ☐ YES  
☐ NO

**Are you getting it at a retail pharmacy?** ☐ YES  
☐ NO

If you answered yes to both of these questions, you will be receiving this letter. You will be asked to consider using Express Scripts Pharmacy/Mail Order.

To start getting your medications through mail order, follow the instructions in the **RED** box.

To continue getting your medications at retail, follow the instructions in the **GREEN** box.

If you receive this letter, you **MUST** contact Express Scripts and tell them your choice: Mail Order or Retail! It is that simple!

At Express Scripts, the company managing your prescription-drug benefit, your health and wellbeing is important. That's why we're reminding you of the benefits of the Express Scripts Pharmacy<sup>SM</sup> to fill your maintenance medications, the prescription drugs you take regularly to treat ongoing conditions. We **need you to again make a decision** about where you fill those prescriptions, and then **take action** by contacting Express Scripts with your answer.

**Choose home delivery** from the Express Scripts Pharmacy by visiting [StartHomeDelivery.com](http://StartHomeDelivery.com) or by calling 888.772.5188.

OR

**Choose to fill those prescriptions** at a retail pharmacy by visiting [Express-Scripts.com](http://Express-Scripts.com) or by calling 888.772.5188.

You can continue to fill each of your maintenance medications at a retail pharmacy for the next two months. **If we do not hear from you by then, per your plan, you will have to pay the full cost of your prescription until we do.**

Home delivery is the preferred way to fill prescriptions for drugs you take regularly. But, no matter what your choice, contact Express Scripts with your decision.

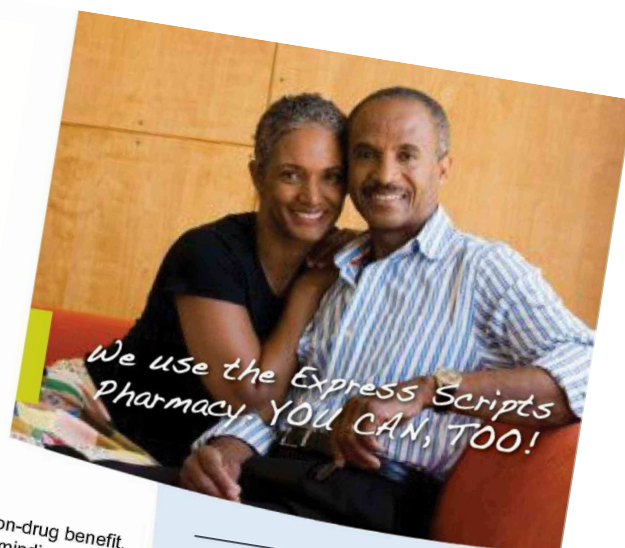
Sincerely,

<Signature>

Andrew Behm, Doctor of Pharmacy  
Vice President, Pharmacy Services  
Express Scripts

P.S. **Join millions of satisfied customers!** The Express Scripts Pharmacy ranked higher than retail chain pharmacies in the latest customer satisfaction report from J.D. Power and Associates<sup>®</sup>.

**The Express Scripts Pharmacy ... At Home.<sup>SM</sup>**



**ACTION REQUIRED:**  
You need to make a decision about your prescription drugs.

**You can trust the Express Scripts Pharmacy to deliver more:**

**Safety** – 99.99% accurate compared to 98.30% at retail.<sup>1</sup>

**Service** – Registered pharmacists check every prescription and they're on hand to answer your questions – 24 hours a day, 7 days a week.

**Convenience** – 90-day supply, free standard shipping, flexible payment options and Auto Refills.

**Let us make it easy for you.**  
Express Scripts can contact your doctor to get a new 90-day prescription.

**SEE OTHER SIDE for affected prescriptions.**



## DEPENDENT ELIGIBILITY TEST and YADs

Dependent children from birth through age 27 are eligible for coverage. Dependent children age 26 and 27 are identified as **Young Adult Dependents or YADS** and must meet more stringent eligibility criteria than dependents age 25 or less.

**TO CONFIRM ELIGIBILITY FOR A CHILD:** Place a ✓ in each box that applies.

**STEP 1:** My child is:

- ☐ A natural, step or adopted (includes placed for adoption) child of mine, my spouse or my domestic partner
- ☐ A child for whom legal guardianship has been awarded to me, my spouse or my domestic partner
- ☐ A child for whom health care coverage is required through a "Qualified Medical Child Support Order".
- ☐ A grandchild, i.e. a child of an eligible dependent child

If you did not check a box in STEP 1, your child is NOT eligible. If you checked a box in STEP 1, proceed to STEP 2.

**STEP 2:** My child is:

- ☐ Less than 26 years of age
- ☐ Age 26 up to age 28 and is:
  - Unmarried
  - Not eligible for coverage through his/her employer
  - Not eligible for coverage under Medicaid or Medicare
  - Residing in the state of Ohio or residing outside of the state of Ohio and enrolled as a full-time student at an accredited school, including college/university, vocational, technical, cosmetology, automotive or similar training schools
- ☐ A disabled dependent, defined as a child of any age who is not able to be self-supporting because of a mental or physical disability that began while the child was an eligible dependent.

If you checked a box in STEP 2, your child is eligible. If you did not check a box in STEP 2, your child is NOT eligible.

### ENROLLMENT AND PREMIUM FOR YADs:

If you checked the second box under STEP 2 (Age 26 up to age 28), you are the parent of a YAD. To request coverage for a YAD during Open Enrollment, enroll at [www.eelect.com](http://www.eelect.com) and provide the necessary eligibility documents to the Benefits Office. In addition, you will be asked to complete a Young Adult Dependent Affidavit of Eligibility. An additional monthly premium amount is charged for each covered YAD. Effective April 1, 2012, the additional premium amount is as follows:

- \$310 for Franklin and Pickaway Counties
- \$290 for Fairfield County